



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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38-20-20

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2020 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Janus, Jonathan Duff		
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE
Kamehameha Schools		(808) 541-5378
MAILING ADDRESS (No. and Street or P.O. Box)		FAX N/A
567 South King Street		EMAIL jojanus@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813

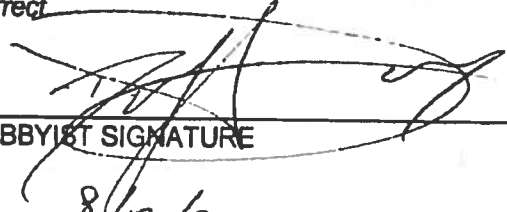
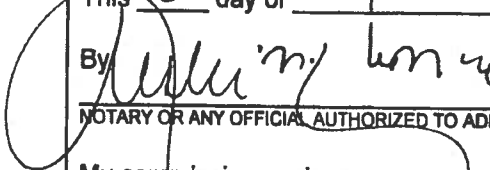
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Kamehameha Schools		(808) 523-6200
MAILING ADDRESS (No. and Street or P.O. Box)		FAX (808) 541-5305
567 South King Street		EMAIL ksinfo@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		
3,500 employees		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		
Vote by leadership committee		<input type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct</i>  LOBBYIST SIGNATURE 8/13/20 DATE	Subscribed and sworn to before me This <u>13th</u> day of <u>August</u> , <u>2020</u> By  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: LESLIE M. YAMASHITA Notary Public, State of Hawaii My commission expires Sept. 27, 2020
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PART V AUTHORIZATION TO LOBBY

NAME Kau'i Burgess		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community & Government Relations	
NAME OF ORGANIZATION (if applicable) Kamehameha Schools		TELEPHONE (808) 523-6348	
MAILING ADDRESS (No. and Street or P.O. Box) 567 South King Street		FAX N/A	
		EMAIL kaburges@ksbe.edu	
(City) Honolulu	(State) HI	(Zip Code) 96813	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) 8/17/20 (Date)			